## **Washington State Department of Retirement Systems**

## TRS Plan 1 Retiree Returning to Work Report

System/Plan	Employer Name	Prepared By					Date	Date Phone			Page
TRS 1											
Retiree Information			Employment Information								
			Begin Da	ate - MM/D	D/YYYY	End D	ate - MM/DD/	YYYY	Position Status		
SSN:	Name:								On-Call:	Contra	cted:
SSN:	Name:								On-Call:	Contra	cted:
SSN:	Name:								On-Call:	Contra	cted:
SSN:	Name:								On-Call:	Contra	cted:
SSN:	Name:								On-Call:	Contra	cted:
SSN:	Name:								On-Call:	Contra	cted:
SSN:	Name:								On-Call:	Contra	cted:
SSN:	Name:								On-Call:	Contra	cted:
SSN:	Name:								On-Call:	Contra	cted:
SSN:	Name:								On-Call:	Contra	cted:
SSN:	Name:								On-Call:	Contra	cted:
SSN:	Name:								On-Call:	Contra	cted:
SSN:	Name:								On-Call:	Contra	cted:
SSN:	Name:								On-Call:	Contra	cted:
SSN:	Name:								On-Call:	Contra	cted:
SSN:	Name:								On-Call:	Contra	cted:
SSN:	Name:								On-Call:	Contra	cted:
SSN:	Name:								On-Call:	Contra	cted:
SSN:	Name:								On-Call:	Contra	cted:
SSN:	Name:								On-Call:	Contra	cted:
SSN:	Name:								On-Call:	Contra	cted:

Mail Completed form to:

Employer Support Services Department of Retirement Systems P.O. Box 48380 Olympia, WA. 98504-8380